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FIRST NAMED APPLICANT APPLICATION NUMBER FILING OR 371 (c) DATE ATTY. DOCKET NO./TITLE

10/737,290 12/15/2003 Katherine S. Bowdish

54 CIP II

Mark Farber C/O Alexion Pharmaceuticals, Inc. 352 Knotter Drive Cheshire, CT 06410

**CONFIRMATION NO. 6650** \*OC00000017393453\* \*OC00000017393453\*

Date Mailed: 11/03/2005

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/14/2005.

<ul> <li>The Power of Attorney to you in the mailed to the new address of recommendation</li> </ul>	ked by the applicant. Future	correspondence will
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**CONFIRMATION NO. 6650** \*OC00000017393458\* \*OC00000017393458\*

Date Mailed: 11/03/2005

## NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/14/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

**WILLIAM N PHILLIPS** 1600 (571) 272-0548

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